

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Prosperity PAC

A. FOLTIN FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO Box 847 City Lorain State OH Zip Code 44052 Purpose of Disbursement Contribution Candidate Name Foltin, Craig Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 177D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
B. FRIENDS OF CLAY SHAW Full Name (Last, First, Middle Initial) Mailing Address PO Box 2188 City Fort Lauderdale State FL Zip Code 33303 Purpose of Disbursement Contribution Candidate Name Shaw, E Clay Jr Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 174D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
C. GEOFF DAVIS FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 1929 Wedgewood Ln City Hebron State KY Zip Code 41048 Purpose of Disbursement Contribution Candidate Name Davis, Geoffrey C Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 181D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
SUBTOTAL of Disbursements This Page (optional)		3000.00
TOTAL This Period (last page this line number only)		